| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0019379 | A. BUILDING: _____ B. WING _____ | C 08/06/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| **SAFE HAVEN RESIDENTIAL** | **10435 W FAIRMOUNT AVENUE WAUWATOSA, WI 53225** |

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| M 000 | INITIAL COMMENTS<br><br>On 08/06/2026, Surveyor concluded a standard survey and two complaint investigations at Safe Haven Residential.<br><br>Five deficiencies were identified.<br><br>Two complaints were unsubstantiated.<br><br>Census: 3 | M 000 | | |
| M 290 | 88.05(3)(e)2.b INSPECTIONS-GAS FURNACE<br><br>A gas furnace shall be inspected and serviced every 3 years by a heating contractor or local utility company.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure the gas furnace was inspected and serviced every 3 years by a heating contractor or local utility company. The provider's furnace had not been serviced since 10/03/2022.<br><br>Findings include:<br><br>The adult family home (AFH) was issued a regular license on 02/08/2023 to serve up to 4 non-ambulatory residents within the client groups: advanced aged, developmentally disabled, physically disabled, emotionally disturbed/ mentally ill, traumatic brain injury, terminally ill, and irreversible dementia/Alzheimer's.<br><br>On 08/04/2026 at 3:20 p.m., Surveyor requested the most recent gas furnace inspection to be emailed from Licensee A to Surveyor. | M 290 | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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| M 290 | Continued From page 1<br><br>On 08/04/2026 at 3:22 p.m., Licensee A stated the last time the furnace was inspected was when the facility was opened. Licensee A confirmed the furnace was a gas furnace.<br><br>On 08/06/2026 at 8:45 a.m., Surveyor reviewed the provider's department file. The furnace inspection on file with the department from initial licensing was dated 10/03/2022. | M 290 | | |
| M 384 | 88.06(2)(b) SERVICE AGREEMENT EXCEPT RESPITE<br><br>An adult family home shall have a service agreement with each person to be admitted to the home except a person being admitted for respite care. The service agreement shall be completed prior to admission and revised at least 30 days prior to any change. The service agreement shall be dated and signed by the licensee and the person being admitted or the persons guardian or designated representative. Copies shall be provided to all parties and to the placing agency, if any.<br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure an admission agreement was completed, dated, and signed by each resident, guardian or designated representative, and licensee, prior to admission for 1 of 1 resident. Resident 1's service agreement was not signed by her/his guardian.<br><br>Findings include:<br><br>On 08/04/2026 at 12:20 p.m., Surveyor reviewed | M 384 | | |

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| M 384 | Continued From page 2<br>Resident 1's file and identified the following:<br><br>Resident 1 was admitted on 07/29/2025 with diagnoses including brain injury, impulsive disorder, and moderate intellectual disorder. Resident 1 had a guardian. Resident 1's file contained an admission agreement signed by Resident 1. Resident 1's admission agreement was not signed by Resident 1's guardian. Resident 1's file did not contain any evidence of a signed agreement between the licensee and Resident 1's guardian.<br><br>On 08/04/2026, at 12:25 p.m., Surveyor interviewed Licensee A, who confirmed the code requirement. Licensee A reported s/he was unaware the admission agreement was not signed by Resident 1's guardian. Licensee A reported that the files were reviewed by Caregiver C and was unsure why it was not caught prior to the survey. | M 384 | | |
| M 420 | 88.06(3)(d)5 SIGNED STATEMENT OF AGREEMENT<br><br>A statement of agreement with the plan, dated and signed by all persons involved in developing the plan.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure each resident's individual service plan (ISP) contained a statement of agreement with the plan that was signed and dated by all persons involved in developing the plan for 1 of 1 resident reviewed (Resident 1). | M 420 | | |

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| M 420 | Continued From page 3<br><br>Findings include:<br><br>On 08/04/2026 at 12:20 p.m., Surveyor reviewed Resident 1's file and identified the following:<br><br>Resident 1 was admitted on 07/29/2025 with diagnoses including brain injury, impulsive disorder, and moderate intellectual disorder. Resident 1 had a guardian. Resident 1's ISP was dated 07/29/2025 and 01/20/2026. Surveyor observed the resident's guardian did not sign Resident 1's ISP.<br><br>On 08/04/2026, at 12:35 p.m., Surveyor interviewed Licensee A, who confirmed the code requirement. Licensee A reported s/he was unaware the ISP was not signed by Resident 1's guardian. Licensee A reported that the files were reviewed by Caregiver C and was unsure why it was not caught prior to the survey. Licensee A confirmed that s/he would work on this in the future. | M 420 | | |
| M 570 | 88.10(3)(l) Safe Physical Environment<br><br>Individuals, except for correctional residents, have basic rights which they do not lose when they enter an adult family home. A resident shall have a safe environment in which to live. The adult family home shall safeguard residents who cannot fully guard themselves from environmental hazards to which they are likely to be exposed, including conditions which would be hazardous to anyone and conditions which would be or are hazardous to a particular resident because of the resident's condition or disability. | M 570 | | |

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| M 570 | Continued From page 4<br><br>This Rule is not met as evidenced by:<br>Based on observation and record review, the provider did not safeguard residents who cannot fully guard themselves from environmental hazards. The clothes dryer was not completely vented with rigid metal tubing. The bathroom did not contain toilet paper or hand towels for the residents' use.<br><br>Findings include:<br><br>On 08/04/2026 at 10:10 a.m., Surveyor toured the facility. While touring the provider's laundry room, Surveyor observed a flexible aluminum foil duct for dryer vent tubing. Surveyor asked Licensee A if the dryer had recent repairs. Licensee A confirmed the dryer contained flexible aluminum foil duct for dryer vent tubing. Licensee A confirmed the dryer vent tubing had been the same tubing since s/he was licensed. Licensee A was unaware that the dryer vent tubing was a safety hazard.<br><br>On 08/04/2026 at 10:20 a.m., Surveyor toured the facility. While touring the resident common bathroom, Surveyor observed an empty toilet paper holder and an empty paper towel dispenser.Surveyor did not observe a storge area in bathroom for additional toilet paper and paper towels.<br><br>On 08/04/2026 at 10:25 a.m., Surveyor observed Resident 2 come out of the bathroom. Surveyor entered the bathroom and observed an empty toilet paper holder and empty paper towel dispenser.<br><br>On 08/04/2026 at 10:30 a.m., Surveyor | M 570 | | |

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| M 570 | Continued From page 5<br>interviewed Caregiver D and asked why there was no paper towel or toilet paper in the bathroom. Caregiver D stated that the Residents tend to ball paper up and throw it in the toilet, so they try to keep the paper towel by the kitchen sink. Caregiver D stated s/he was cleaning and was just about to put toilet paper in the bathroom. When Surveyor explained that Resident 2 had used the bathroom without toilet paper, Surveyor observed Caregiver raise his/her voice to Resident 2. Surveyor told Caregiver it was not appropriate to raise his/her voice at the resident. Caregiver D apologized to the resident. | M 570 | | |
| M 582 | 88.10(3)(q) Medications<br><br>Medications. To receive all prescribed medications in the dosage and at the intervals prescribed by the resident's physician, and to refuse medications unless there has been a court order under s. 51.61(1)(g), Stats., with a court finding of incompetency.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure 1 of 1 resident (Resident 2) received all prescribed medications in the dosage as prescribed by the resident's physicians.<br><br>Findings include: | M 582 | | |

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| M 582 | Continued From page 6<br><br>On 08/04/2026 at 10:50 a.m., Surveyor observed the medication cabinet. Surveyor observed Resident 2 had six bottles of Constulose Solution labeled, "Take 10 gram (g)/15 milliliter (ml), by mouth once daily at 8:00 a.m. for constipation." They were dated: 09/24/2025, 12/23/2025, 01/23/2026, 02/20/2026, 04/22/2026, 07/22/2026. Surveyor also observed Resident 2 had two bottles of Lactulose Solution, labeled, "Take 10 gram (g)/15 milliliter (ml), by mouth once daily at 8:00 a.m. for constipation." They were dated: 03/23/2026 and 06/22/2026.<br>On 08/04/2026 at 11:20 a.m., Surveyor reviewed Resident 2's record. The following was identified:<br><br>-Resident 2 was admitted on 02/27/2025 with diagnoses including psychotic disorder, schizophrenia, and intellectual developmental disorder.<br><br>-Resident 2's physician order dated 08/04/2026 read, "Lactulose Solution 10 gram (g)/15 milliliter (ml), by mouth once daily at 8:00 a.m. for constipation."<br><br>- Resident 2's March 2025 Medication Administration Record (MAR), dated 03/29/2025 to 04/28/2025, contained 28 unsigned dates. Three dates were signed out as given. Surveyor observed a handwritten note next to medication name, that read, "As Needed."<br><br>- Resident 2's February 2026 Medication Administration Record (MAR), dated 02/05/2026 to 03/07/2026, contained 7 unsigned dates. Surveyor observed a handwritten note next to medication name, that read, "As Needed." From 2/18/2026 to 03/07/2026, Surveyor observed an unidentified caregiver who recorded a circled 'R'. On the back side of the medication administration | M 582 | | |

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| M 582 | Continued From page 7 | M 582 | | |

record, Surveyor observed Caregiver F documented, "no constipation, was not passed" for 2/18/2026, 2/19/2026, 2/22/2026, 2/23/2026, 2/24/2026, 2/25/2026, 2/26/2026, 2/27/2026, 2/28/2026, 03/01/2026, 03/02/2026, 03/03/2026, 03/04/2026, 03/05/2026 and 03/06/2026.

On 08/04/2026 at 11:06a.m., Surveyor interviewed Pharmacist E via telephone, who stated Constulose Solution and Lactulose Solution were the same generic medication and were used interchangeably.

On 08/04/2026 at 11:50 a.m., Surveyor interviewed Licensee A, who confirmed the handwritten note next to medication name, that read, "As Needed" was written by his/her former Caregiver C, who was a manager at one time. Licensee A stated Caregiver C oversaw checking the medication in, reviewing the medication administration records, and putting the medication away. Licensee A stated she did not understand why there were so many bottles of scheduled medication. Licensee A confirmed the bottles should be almost empty each month if the medication was given as prescribed. Licensee A attested to not being informed of Resident 2 having any issues with his/her constipation. Licensee A stated s/he occasionally reviewed the MARs but mostly trusted his/her manager. Licensee A stated s/he will be more involved in the future.

On 08/06/2026 at 10:20 a.m., Surveyor interviewed Pharmacist E, who stated the pharmacy received Resident 2's new prescription on 03/26/2025. The most recent refill order on 08/04/2026 was dispensed as a 30-day supply to the facility. Pharmacist E stated Resident 2's Lactulose Solution 10 gram (g)/15 milliliter (ml),

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| M 582 | Continued From page 8<br>by mouth once daily at 8:00 a.m. for constipation. Pharmacist E confirmed this was scheduled medication. | M 582 | | |